



Texas Racing Commission

8505 Cross Park Drive, #110

Austin, TX 78754-4594

Phone (512) 833-6699

Fax (512) 833-6907

www.txrc.texas.gov

LICENSE #

AUTHORIZED AGENT

OFFICE USE ONLY

PROCESSED BY:	DATE PROCESSED:	LICENSE FEE \$	CHECK/MO # M/C VISA
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Instructions: Answer all questions completely. A separate appointment form must be filed for each appointment. To appoint an authorized agent an individual must be at least 18 years of age and license as an owner type license.

PRINCIPAL'S NAME (OWNER,)	PRINCIPAL'S LICENSE #	PRINCIPAL'S SS#
AUTHORIZED AGENT'S NAME (TRAINER/ ASST. TRAINER/ STABLE FOREMAN)	AUTHORIZED AGENT'S LICENSE #	AUTHORIZED AGENT'S SS#

If the Authorized Agent is a Stable Foreman or Assistant Trainer and an agent for an Owner, the Trainer must sign below.

TRAINER'S NAME	TRAINER'S LICENSE #	TRAINER'S SIGNATURE
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Type of Entity(Check a box): ☐Individual ☐Partnership ☐Corporation ☐Syndicate ☐Other:_____

<input type="checkbox"/> Yes	<input type="checkbox"/> No	A. Claim horses in my name.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	B. Sell or transfer horses without my written consent.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	C. Receive and endorse checks made payable to me.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	D. Direct the transfer of money in my account.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	E. Have checks made payable to himself/herself from my account.

➤ ACKNOWLEDGEMENT

I hereby appoint the person indicated above to act as Agent for me on matters relating to my race animals in accordance with Texas Racing Commission Rules. I assume full responsibility for the acts of my Authorized Agent in connection with this appointment. I understand that this appointment may be terminated at any time by either party by executing the appointment termination below.

You are entitled to request to be informed about the information that the Commission collects about you, receive and review the information and, to have the Commission correct any information about you that is incorrect.

PRINCIPAL'S (OWNER) SIGNATURE X	DATE
TXRC SIGNATURE	DATE
AUTHORIZED AGENT'S SIGNATURE X	DATE
TXRC SIGNATURE	DATE

IF PAYING WITH VISA OR MASTER CARD COMPLETE THE FOLLOWING INFORMATION:

CHECK ONE BOX BELOW. PROVIDE THE CARD NUMBER AND EXPIRATION DATE.

☐ VISA # _____ EXP DATE _____ ☐ MASTER CARD # _____ EXP DATE _____ CODE _____

CARD HOLDER'S NAME: _____ BILLING ADDRESS: _____

SIGNATURE OF CARD HOLDER: X _____ By signing above

I agree to pay the licensing fee to the Texas Racing Commission according to cardholder agreement.

➤ APPOINTMENT TERMINATION

I hereby terminate my relationship with the Owner / Authorized Agent (circle one) named above effective

on _____, 20_____.

SIGNATURE X	DATE
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